| Caption of Case) APPLICATION OF NETWORK ENHANCED TECHNOLOGIES, INC. AUTHORITY TO OPERATE AS A RESELLER OF INTEREXCHANGE TELECOMMUNICATION SERVICES WITHIN THE STATE OF SOUTH CAROLINA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | BEFORE THE 188425  PUBLIC SERVICE COMMISSION  OF SOUTH CAROLINA  COVER SHEET  DOCKET  NUMBER: 2007 - 302 - C |                                            |                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------|--|
| (Please type or print)  Submitted by: Christa Fallin, Leg  Address: Lance J.M. Steinh  1720 Windward C  Alpharetta, Georg                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | hart, P.C.             | SC Bar Number<br>Telephone:                                                                                  | elephone: 770-232-9200<br>ax: 770-232-9208 |                           |  |
|                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Fax:<br>Other:                                                                                               |                                            |                           |  |
| ☐ Emergency F ☐ Other: ☐ INDUSTRY (0                                                                                                                                                  | Relief demanded in policy of the control of the con | 7                      | or item to be placed URE OF ACTIO                                                                            |                                            | s Agenda expeditiously    |  |
| ☐ Electric                                                                                                                                                                            | The second secon | Affidavit              | ∠     ∠     ∠     Letter                                                                                     |                                            | Request                   |  |
| ☐ Electric/Gas                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Agreement              | Memorandu                                                                                                    | m                                          | Request for Certificatio  |  |
| ☐ Electric/Teleco                                                                                                                                                                     | ommunications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Answer                 | Motion                                                                                                       |                                            | Request for Investigation |  |
| Electric/Water                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Appellate Review       | Objection                                                                                                    |                                            | Resale Agreement          |  |
| Electric/Water/Telecom.                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Application            | Petition                                                                                                     |                                            | Resale Amendment          |  |
| Electric/Water                                                                                                                                                                        | /Sewer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Brief                  | Petition for                                                                                                 | Reconsideration                            | Reservation Letter        |  |
| ☐ Gas                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Certificate            | Petition for                                                                                                 | Rulemaking                                 | Response                  |  |
| Railroad                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Comments               | Petition for R                                                                                               | Rule to Show Cause                         | Response to Discovery     |  |
| Sewer                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complaint              | Petition to I                                                                                                | ntervene                                   | Return to Petition        |  |
|                                                                                                                                                                                       | cations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Consent Order          | Petition to In                                                                                               | tervene Out of Time                        | Stipulation               |  |
| Transportation                                                                                                                                                                        | n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Discovery              | Prefiled Tes                                                                                                 | stimony                                    | Subpoena                  |  |
| ☐ Water                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Exhibit                | Promotion                                                                                                    |                                            | ☐ Tariff                  |  |
| Water/Sewer                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Expedited Considerati  | on Proposed O                                                                                                | rder                                       | Other:                    |  |
| Administrative Matter                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Interconnection Agreem | ent Protest                                                                                                  |                                            |                           |  |
| Other:                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Interconnection Amendr | nent   Publisher's                                                                                           | Affidavit                                  |                           |  |
|                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Late-Filed Exhibit     | Report                                                                                                       |                                            |                           |  |

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## Lance J. M. Steinhart, P.C.

Attorney At Law 1720 Windward Concourse Suite 115 Alpharetta, Georgia 30005

Also admitted in New York And Maryland

September 19, 2007

### **VIA 2-DAY DHL**

Mr. Charles Terreni Chief Clerk of the Commission The Public Service Commission State of South Carolina 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 (803) 896-5100

RE: Network Enhanced Technologies, Inc. DOCKET NO. 2007-302-C Notice of Filing and Hearing

Dear Mr. Terreni:

Enclosed for filing are the original Affidavits of Publications and the dates published:

| 1. | The Florence Morning News | August 30, 2007 |
|----|---------------------------|-----------------|
| 2. | The Greenville News       | August 30, 2007 |
| 3. | The Post and Courier      | August 30, 2007 |
| 4. | The State                 | August 30, 2007 |

Please verify receipt of this filing by returning the extra copy of this letter stamped with the date of filing in the prepaid envelope provided.



Telephone: (770) 232-9200

Facsimile: (770) 232-9208

Mr. Charles Terreni September 19, 2007

RE: Network Enhanced Technologies, Inc.

Page Two

Please call me at (770) 232-9200 or e-mail me at <u>cfallin@telecomcounsel.com</u> if I can provide any further information. Thank you for your assistance.

Sincerely,

Christa L. Fallin Legal Assistant to

Lance J.M. Steinhart

( Tit of Fallin

**Enclosures** 

c: Shealy Boland Reibold - ORS via e-mail: <a href="mailto:sreibol@regstaff.sc.gov">sreibol@regstaff.sc.gov</a>

Scott Elliott via e-mail: selliott@elliottlaw.us

Jackie Livingston via e-mail: <u>ilivingston@elliottlaw.us</u>

Dr. Kay. Kamrava



## AFFIDAVIT OF INSERTION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         | -5          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| STATE OF SOUTH CAROLINA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                                                                                                                                 | 5.3         |
| COUNTY OF FLORENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | • .                                                                                                                                                                     | **          |
| COUNTY OF TECKENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                         | 50 <b>7</b> |
| Personally appeared before me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                         | ::⁄<br>::>  |
| 1 ersonary appeared before the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         | Ö           |
| The repersion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 1                                                                                                                                                                     | <del></del> |
| The Legal Clerk for the Morning News, a daily newspaper publis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |             |
| City of Florence, County of Florence, and the State of South Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ma saic                                                                                                                                                                 | 1           |
| that the attached advertisement was published on 8/30/0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | )                                                                                                                                                                       | <del></del> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |             |
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| as shown by the files as said company.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                         |             |
| auto )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                         |             |
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| Sworn and subscribed before me this 4th day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _, 2007                                                                                                                                                                 |             |
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| Notary Public South Carolina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WILL                                                                                                                                                                    | HIIII       |
| Notary Public South Carolina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | IL ANIC                                                                                                                                                                 | •••••       |
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| A AND ALLE PARTER REID 10 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         | At .        |
| Commissions expires: My Commission Expires April 18, 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | الالم محمد المرادة                                                                                                                                                      | JC 🏄        |
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| OCEDING DEPARTMENT  DESCRING DEPARTMENT  NUTCE FILING AND DESCRING DESCRING AND DESCRING DESCRIPCE D | Any person who wishes to testify and present evidence at the hearing, should notify the Docketting of Docketting at the address below the Office of Regulatory Staff at | mn jo       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |             |

## The Greenville News

## greenvilleonline.com

## **Classified Advertising**

Date: 8/29/2007

Name: / SHAKER ADVERTISING

1100 LAKE ST

OAK PARK

IL 60301

Ad No: 4088119

Class: 0008 Legal Notices (News)

Rate: Legal Rates

Runs:

Thursday, August 30, 2007

Lines: 105

## **AFFIDAVIT**

I, Susan F. Mullinax, being the Legal Advertising Agent for *The Greenville News*, do hereby testify that the attached legal ad was published on  $\underline{105}$  lines as set forth above, in The Greenville News beginning on  $\underline{8/30/2007}$  and ending on  $\underline{8/30/2007}$ 

an Mallians

Susan F. Mullinax Legal Advertising Agent

Jeanne M. Gullic

Notary Public for the State of South Carolina My Commission Expires April 4, 2013

Post Office Box 1688 \* Greenville, SC 29602 Phone: 864.298.4100



305 South Main Street \* Greenville, SC 29601 Toll Free: 1.800.800.5116

The GREENVIllE NEWS

</br>
</684>4088119 | 
PUBLIC SERVICE<Qc>
COMMISSION OF<Qc>
SOUTH CAROLINA<Qc>
DOCKETING DEPARTMENT<Qc></676>NOTICE OF FILING<Qc>

#### AND HEARING<Qc>

</684>DOCKET NO. 2007-302-C □ Network Enhanced Technolo' gies, Inc. ("NET" or "Appli" cant") has filed an Application with the Public Service Com' mission of South Carolina ("Commission") for a Certifi' cate of Public Convenience and Necessity for authority to oper' ate as a reseller of interex' change telecommunication services within the State of South Carolina and to be regu' lated in accordance with proce' dures established for Alternative Regulation in Or' der Nos. 95-1734 and 96-55 in Docket No. 95-661-C throughout the State of South Carolina. A copy of the Application is on file in the offices of the Com' mission, 101 Executive Center Drive, Columbia, South Caroli' na 29210, the Commission's website at www.psc.sc.gov, and is available from Scott Elliott, Esquire, Elliott & Elliott, P.A., 721 Olive Street, Columbia, South Carolina 29205. PLEASE TAKE NOTICE that a hearing on the above matter has been scheduled to begin at 11:30 a.m. on Monday, Novem' ber 19, 2007, before Hearing Ex' aminer David Butler, Esquire in the Commission's Law Li' brary at 101 Executive Center Drive, Saluda Building, Colum' bia, South Carolina 29210. Any person who wishes to par' ticipate in this matter, as a party of record with the right of cross-examination, should file a Petition to Intervene in accordance with the Commis' sion's Rules of Practice and Procedure on or before Sep' tember 24, 2007, and indicate the amount of time required for his presentation. Please include an email address for receipt of future Commission correspon'

dence in the Petition to Inter'

vene. Please refer to Docket

No. 2007-302-C.

Any person who wishes to testi'
fy and present evidence at the
hearing, should notify the

Docketing Department, in writ'

ing, at the address below, the Office of Regulatory Staff at Post Office Box 11263, Colum' bia, South Carolina 29211, and Scott Elliott, Esquire, at the above address, on or before September 24, 2007, and indi' cate the amount of time re' quired for his presentation. Please refer to Docket No. 2007-302-C. □ Any person who wishes to be notified of any change in the hearing, but does not wish to present testimony or be a party of record, may do so by noti' fying the Docketing Depart' ment, in writing, at the address below on or before September 24, 2007. Please refer to Docket No. 2007-302-C. PLEASE TAKE NOTICE: Any person who wishes to have his or her comments considered as part of the official record of this proceeding MUST present such comments, in person, to the Commission during the hearing. Persons seeking information about the Commission's Proce dures should contact the Com' mission at (803) 896-5100. Public Service Commission of South Carolina Attn: Docketing Department Post Office Drawer 11649 Columbia, South Carolina 29211 🗆

### THANK YOU FOR YOUR ADVERTISEMENT!

If I can be of further assistance, please call: Susan

4229

SHAKER ADVERTISING 1100 LAKE ST

Oak Park

IL 60301

## **AFFIDAVIT OF PUBLICATION**

# The Post and Courier

State of South Carolina

County of Charleston

Personally appeared before me the undersigned advertising Clerk of the above indicated newspaper published in the City of Charleston, County and State aforesaid, who, being duly sworn, says that the advertisement of

(Copy attached)

appeared in the issues of said newspaper on the following day(s):

08/30/2007

at a cost of

\$ 214.12

Account# Order#

C0691440

P.O. Number:

C221A150 8698160

Subscribed and sworn to before

My Commission expire

Form 3020

Number of Copies: 1

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA EPARTMENT NOTICE OF ILING AND

NOTWELL NO. 2007-302-C nologies, Inc. ("NET" or "Applicant") has filed an Application with the Pub-lic Service Commission of South Carolina ("Com mission") for a Certificate
of Public Convenience and Necessity for authority to operate as a reseller of interexchange ity to operate as a reseller of interexchange telecommunication services within the State of South Carolina and to be regulated in accordance with propaduses within the State of So-1734 and 96-55 in So-1734 and 96-55 in

sion's website at www.psc.sc.gov, and is available from Scott Elliott, Esquire, Elliott & Elliott, P.A., 721 Olive Street, Columbia, South Carolina 29205. PLEASE TAKE NOTICE PLEASE TAKE NOTICE that a hearing on the above metter has been scheduled to begin at 11:30 a.m. on Monday. November 19, 2007. before Hearing Examiner David Butter, Esquire in the Commission's Law Library at 101 Executive Itt Library at 101 Executive
Center Drive, Saluda
Building. Columbia. Building, Columbia, South Caroline 29210. Any person who wishes to participate in this ritatto participate in the mac-ter, as a party of record with the right of cross-examination, should the a Petition to Intervene in apparticipate accordance with the Commission's Rules of Commission's Rules of Practice and Procedure on or before September 24, 2907, and indicate the amount of time required for his presentation. Please include an application of the presentation of the presenta email address for receipt

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of future Commission The # State correspondence in the Petition to Intervene. Please refer to Docket No. 2007-302-C.

Any person who wishes to testify and present evi-

sent testimony or be a

arty of record, may do so by notifying the Dock

eting Department, in writ-

Any person who wishes to have his or her com-ments considered as par

of the official record o

Persons seeking information about the Commission's Procedures should contact the Com-

mission at (803) 896-

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int such comments in person, to the Com-mission during the hear-

ing, at the address below TATE, a daily newspaper of general circulation for the State on or before September 1741E, a daily Newspaper of general circulation for the State
111 24, 2007, Please refer this hed in the City of Columbia, State and County aforesaid,
12 PLEASE TAKE NOTICE

Peggy Lawrence

Subscribed and sworn to before me

on this day

August 31, 2007

Harriman

My commission expires

March 10, 2013

**Notary Public** 

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